FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		1 OI AII A	tatilorizea e	· · · · · · · · · · · · · · · · · · ·				Office Use Onl	у
1.	NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR F		Exa	mple:If typing, t r the lines	ype			
LC	Campbell for Congress								
L									
AD	DRESS (number and street)	4590 MacA	rthur Blvd., S	Suite 5	00				
	Check if different than previously reported. (ACC)	Iryine , ,				<u> </u>	CA	92660	
2.	FEC IDENTIFICATION NUM	//BER ₩	CIT	Y 🛝			STATE A		CODE A
	C00412312		3. IS TH REPC		X NEW (N)	OR	AMEN (A)		A 48
4.	TYPE OF REPORT (Co.) (a) Quarterly Reports: April 15 Quarterly I	Choose One) Report (Q1)	(b) 12-Da	y PRE	-Election Reported Primary (12P) Convention (1		General Special (Runoff (12R)
	July 15 Quarterly F October 15 Quarte		Electio	on on				in t Sta	the ate of
	X January 31 Year-E	nd Report (YE)	(c) 30-Da	y POS	T -Election Repo		Runoff (30R)	Special (30S)
	Termination Repor	t (TER)	Election	on on				in t Sta	the ate of
5.	Covering Period 1 1	28	2006		through	12	3 1	2006	
	ertify that I have examined this pe or Print Name of Treasurer	Report and to the Kelly L	-	wledge	and belief it is	true, correct	and complete.		
		onically Filed by	Kelly Lawler				Date 0 1	19	2007
NC	OTE : Submission of false, erro	neous, or incomp	lete information	may s	ubject the perso	on signing th	is Report to the	e penalties of 2 l	J.S.C 437g.
	Office Use Only							FEC F(

Image# 27960024414

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Campbell for Congress м 1 1 м N 12 ° D 28 From: 2006 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 7028.47 8378.47 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 4550.00 4550.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 2478.47 3828.47 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 19719.99 21640.03 (from Line 17)..... (b) Total Offsets to Operating 58.40 58.40 Expenditures (from Line 14)..... (c) Net Operating Expenditures 19661.59 21581.63 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 36929.66 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 100000.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003) Page 3 Write or Type Committee Name Campbell for Congress D ° D Ï 1 Ï 28 2006 12 2006 Report Covering the Period: From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 6800.00 8150.00 (i) Itemized (use Schedule A)..... 228.47 228.47 (ii) Unitemized..... (iii) TOTAL of contributions 7028.47 8378.47 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 7028.47 8378.47 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 58.40 58.40 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 7086.87 8436.87

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	19719.99	21640.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4500.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	4550.00	4550.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	24269.99	26190.03
III. CASH SUM	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTI	NG PERIOD	54112.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16,	page3)	7086.87
25. SUBTOTAL (add Line 23 and Line 24)		61199.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from	Line 22)	24269.99
27. CASH ON HAND AT CLOSE OF REPORTING P	ERIOD	36929.66

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d
Ar	ny information copied from such Reports and	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Campbell for Congress	ne name and add	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Karen Armour Mailing Address 25511 Rangewood D City Laguna Hills FEC ID number of contributing federal political committee. Name of Employer	State CA C Occupation	Zip Code 92653-6145	Date of Receipt M M
	Armour Building Co. Receipt For: 2008 X Primary General Other (specify)	Builder Election C	Cycle-to-Date ▼ 2100.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Maurine Campbell Mailing Address 125 South Las Palma	as Avenue		Date of Receipt 1 2 2 2 2 0 0 6
	City Los Angeles	State CA	Zip Code 90004	Transaction ID: 70117.C6846 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008	Occupation Homema		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	2100.00]
C.	Maurine Campbell Mailing Address 125 South Las Palma	as Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Los Angeles	State CA	Zip Code 90004	Transaction ID: 70117.C6845
	FEC ID number of contributing federal political committee.	C	90004	Amount of Each Receipt this Period 2100.00
	Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Homema		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			6300.00
Т	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 6/18 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) Jonathan Wheeler Date of Receipt Mailing Address 351 Hospital Road, Suite 611 1.1 28 2006 City Zip Code State Transaction ID: 61206.C6834 Newport Beach CA 92663 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Receipt Name of Employer Self-Employed Occupation Physician Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	6800.00

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	CHEDULE B (FEC Form 3)		erate schedule(s)		IE NUMBER: PAGE 7/18 nly one)		
ITEMIZED DISBURSEMENTS			category of the Summary Page	I `	X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and St for commercial purposes, other than using the						
abla	NAME OF COMMITTEE (In Full)						
	Campbell for Congress						
A.	Full Name (Last, First, Middle Initial) Aristotle Publishing				Transaction ID: 70119.E4113 Date of Disbursement		
	Mailing Address 205 Pennsylvania Av	e. SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Washington	State DC	Zip Code 20003-0000		Amount of Each Disbursement this Period	_	
	Purpose of Disbursement CREDIT CARD FEES				36.00 Refund or Disposal of Excess	_	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disk Senate President	Primary Other (and	General		CREDIT CARD FEES		
	State: District:	Other (spe	ecity) 🔻				
	Full Name (Last, First, Middle Initial)				Transaction ID: 61206.E4082	_	
B.	Jaylene Farry, TIE Productions				Date of Disbursement		
	Mailing Address 11442 Ann Arbor Lar	ne			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$		
	City San Diego	State CA	Zip Code 92131-0000		Amount of Each Disbursement this Period	_	
	Purpose of Disbursement REIMBURSE EVENT EXPENSE: SEE BELO	DW .			91.12 Refund or Disposal of Excess	_	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate	Primary	General		REIMBURSE EVENT EXPENSE: SEE BELOW		
	President State: District:	Other (spe	ecity) 🔻				
	Full Name (Last, First, Middle Initial)				Transaction ID: 70119.E4117	_	
C.	Misc. Expenses Under Threshold				Date of Disbursement		
	Mailing Address Vendors Total are Ur	nder \$200			12		
	City Irvine	State CA	Zip Code 92616-		Amount of Each Disbursement this Period	_	
	Purpose of Disbursement				91.12		
	MISC. CAMPAIGN EXPENSES Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	· -	oursement For:		1,700	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPE-		
	Senate President	Other (spe	General ▼		NSES		
_	State: District:					_	
s	UBTOTAL of Disbursements This Page (optio	nal)		>	127.12		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 8/18 y one)
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Campbell for Congress			
Α.	Full Name (Last, First, Middle Initial) Jaylene Farry, TIE Productions			Transaction ID: 61206.E4086 Date of Disbursement
	Mailing Address 11442 Ann Arbor Lane			12
		State Zip Code CA 92131-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		• •	4000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify)		CAMPAIGN SUPPORT SERVICES
В.	State: District: Full Name (Last, First, Middle Initial) Jaylene Farry, TIE Productions			Transaction ID: 70117.E4096 Date of Disbursement
	Mailing Address 11442 Ann Arbor Lane		12 M / 19 / Y 2006 Y	
	,	State Zip Code CA 92131-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES			4000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		CAMPAIGN SUPPORT SERVICES
C .	Full Name (Last, First, Middle Initial) Ms. Sara Myers			Transaction ID: 61206.E4080 Date of Disbursement
	Mailing Address 201 Bay Shore Avenue, #	<i>‡</i> 307		12 7 2 0 0 6
		State Zip Code CA 90803-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES			4000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		CAMPAIGN SUPPORT SERVICES
s	JBTOTAL of Disbursements This Page (optional) .			12000.00
	OTAL This Period (last page this line number only)			

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	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	E NUMBER: PAGE 9 / 18				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)							
	Campbell for Congress							
۹.	Full Name (Last, First, Middle Initial) Ms. Sara Myers			Transaction ID: 61206.E4081 Date of Disbursement				
	Mailing Address 201 Bay Shore Avenue, #	‡ 307		1 2 D D V Y Y O O 6 Y				
		State Zip Code		Amount of Each Disbursement this Period				
	Purpose of Disbursement	CA 90803-0000	-	492.71				
	REIMBURSE EVENT EXPENSE:SEE BELOW Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)		REIMBURSE EVENT EXPENSE:S- EE BELOW				
	Full Name (Last, First, Middle Initial)			Turner 10 70440 F4400				
3.	Misc. Expenses Under Threshold			Transaction ID: 70119.E4122 Date of Disbursement				
	Mailing Address Vendors Total are Under		1 2 M / D D D / Y Y Y O O G Y					
	,	State Zip Code CA 92616-		Amount of Each Disbursement this Period				
	Purpose of Disbursement MISC. CAMPAIGN EXPENSES			168.79 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPE- NSES				
	State: District:							
Э.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: 70119.E4118 Date of Disbursement				
	Mailing Address 4343 MacArthur Blvd.			1 2 M / D D D / Y Y Y O O G Y				
	,	State Zip Code CA 92660-0000		Amount of Each Disbursement this Period				
	Purpose of Disbursement OFFICE SUPPLIES		323.92 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburse Senate President	ement For: Primary Other (specify)		[MEMO ITEM] MEMO: OFFICE SUPPLIES				
	State: District:							
s	UBTOTAL of Disbursements This Page (optional) .			492.71				

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate scried	the	FOR LINE (check only	-	18 20b	19	а	10 / 18 19b 21	3
	y Information copied from such Reports an for commercial purposes, other than using				or the purpos		olicatino	g contr		
\setminus	NAME OF COMMITTEE (In Full)									
V	Campbell for Congress									
_	Full Name (Last, First, Middle Initial)				Transaction			7.E40	95	
Α.	Ms. Sara Myers				Date of Di	sburs		V .	/ ° // ` \	
	Mailing Address 201 Bay Shore Av	renue, #307			12		4	, 2	006	
	City	State Zip Code CA 90803-0	1000		Amount of	Each	Disbur	semer	nt this Pe	eriod
	Long Beach Purpose of Disbursement	CA 90803-0	1000 			-			4000.00	
	CAMPAIGN SUPPORT SERVICES						isposal			
	Candidate Name			ategory/ Type	Contrib		s Requi 00.53	red Ur	nder	
	Office Sought: House Senate President	Disbursement For: Primary Gen Other (specify) ▼	eral		CAMPAIC	SN S	UPPO	RT S	ERVICE	ΞS
	State: District:									
В.	Full Name (Last, First, Middle Initial) Premier Business Centers				Transaction Date of Display		-	6.E40	85	
	Mailing Address 4590 MacArthur Blvd., Suite 500					12 M O D O D V Y Y Y O O O O				
	City Newport Beach	State Zip Code CA 92660-0	0000		Amount of	Each	Disbur	semer	nt this Pe	eriod
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES			* *	Pofun	d or D	isposal	of Evo	175.00)
	Candidate Name			ategory/ Type		outions	s Requi			
	Office Sought: House Senate	Disbursement For: Primary Gen	eral		CAMPAIC	SN S	UPPO	RT S	ERVICE	ES
	President State: District:	Other (specify) ▼								
_	State: District: Full Name (Last, First, Middle Initial)				Tues: **	!!	7044	7 🗆 4 4	00	
C.	Premier Business Centers				Transaction Date of Di	sburs	ement			
	Mailing Address 4590 MacArthur E	Blvd., Suite 500			12	^D 2	23	, 2	006	
	City Newport Beach	State Zip Code CA 92660-0	0000		Amount of	Each	Disbur	semer	nt this Pe	eriod
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES			Refund	d or D	isposal	of Exc	200.00)	
	Candidate Name	ategory/ Type		outions	s Requi					
	Senate President	Disbursement For: Primary Gen Other (specify) ▼	eral		CAMPAIC	SN S	UPPO	RT S	ERVICE	ΞS
_	State: District:									

4375.00

SUBTOTAL of Disbursements This Page (optional)

C						
SCHEDULE B (FEC Form 3)		Use seperate scriedule(s)			FOR LINE (check only	NUMBER: PAGE 11 / 18
ITEMIZED DISBURSEMENT			for each category of the Detailed Summary Page		_ `	X 17
	y Information copied from such Reports and for commercial purposes, other than using th					
\setminus	NAME OF COMMITTEE (In Full)					
\backslash	Campbell for Congress					
_	Full Name (Last, First, Middle Initial)					Transaction ID: 70117.E4099
Α.	Premier Business Centers					Date of Disbursement
	Mailing Address 4590 MacArthur Blv	/d., Suite 5	500			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City	State		Zip Code		Amount of Each Disbursement this Period
	Newport Beach	CA		92660-0000		200.00
	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES					
	Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under
					Type	11 C.F.R. 400.53
	Office Sought: House Di	sbursement	For:			CAMPAIGN SUPPORT SERVICES
	Senate	Prim	•	General		5/101 / Hart 551 1 5111 5211 1025
	President State: District:	Othe	er (spe	cify) 🔻		
_	Full Name (Last, First, Middle Initial)					
В.	Storage West					Transaction ID: 61206.E4084 Date of Disbursement
	Mailing Address 2892 Kelvin Avenue					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 \end{smallmatrix} 2^{M} & \begin{smallmatrix} M \\ \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 \end{smallmatrix} 5^{D} & \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \overset{Y}{0} \overset{Y}{6} & \begin{smallmatrix} Y \\ \end{smallmatrix} \end{bmatrix}$
	City	State		Zip Code		Amount of Each Disbursement this Period
	Irvine	CA		92614-5826		104.05
	Purpose of Disbursement STORAGE					124.95
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sbursement	-			STORAGE
	Senate	Prim	•	General		31318132
	President State: District:	Otne	er (spe	cify) 🔻		
	Full Name (Last, First, Middle Initial)					Transaction ID: 70117.E4098
C.	Storage West					Date of Disbursement
	Mailing Address 2892 Kelvin Avenue	e				$\begin{bmatrix}\begin{smallmatrix}M\\1&2\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2&3\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0\end{smallmatrix}06^Y\end{bmatrix}$
	City	State		Zip Code		Amount of Each Disbursement this Period
	Irvine	CA		92614-5826		
	Purpose of Disbursement				,	124.95
	STORAGE Candidate Name				October	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Category/ Type	11 C.F.R. 400.53
	Office Sought: House Di	sbursement	For:		··	CTODACE
	Senate	Prim		General		STORAGE
	President	Othe	er (spe	cify)		
_	State: District:					
s	UBTOTAL of Disbursements This Page (opt	ional)				449.90

iiay	E# 21 300024424				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate for each cate Detailed Sum	gory of the (FOR LINE I (check only	one)
	y Information copied from such Reports and S for commercial purposes, other than using the				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Campbell for Congress				
Α.	Full Name (Last, First, Middle Initial) The KAL Group Mailing Address 976 Pacific Avenue				Transaction ID: 70117.E4093 Date of Disbursement M M / D D D / Y Y Y O O O
	City Willows Purpose of Disbursement BOOKKEEPING Candidate Name		o Code 5988-0000	Potogony	Amount of Each Disbursement this Period 530.90 Refund or Disposal of Excess Contributions Required Under
		bursement For: Primary Other (specify)	General	Category/ Type	11 C.F.R. 400.53 BOOKKEEPING
В.	Full Name (Last, First, Middle Initial)				Transaction ID: 70117.E4103 Date of Disbursement M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Inglewood Purpose of Disbursement VOID CHECK Candidate Name Office Sought: House Senate President		General	Category/ Type	Amount of Each Disbursement this Period -80.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VOID CHECK
C.	State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 5321		·		Transaction ID: 70117.E4102 Date of Disbursement M 2 M / D 2 3 / Y 2 0 0 6
	City Inglewood Purpose of Disbursement CELLULAR PHONE Candidate Name Office Sought: House Senate President State: District:		General	Category/ Type	Amount of Each Disbursement this Period 166.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR PHONE
		onal)			616.40
LS	UBTOTAL of Disbursements This Page (opti	onal)			010.40

SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE 13 / 18				
ITEMIZED DISBURSEMENTS	I lea canarata conadula(c) I	(check only one)				
TI LIVIIZED DISDOTISEIVIENTS	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21				
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		ny person for the purpose of solicating contributions nittee to solicit contributions from such committee				
NAME OF COMMITTEE (In Full)						
Campbell for Congress						
Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70119.E4114 Date of Disbursement				
Mailing Address P.O. Box 5321		12 M / 31 / Y 2006 Y				
City Inglewood	State Zip Code CA 90313-0000	Amount of Each Disbursement this Period				
Purpose of Disbursement VOID CHECK		-80.50 Refund or Disposal of Excess				
Candidate Name	Т	egory/ ype Contributions Required Under 11 C.F.R. 400.53				
Senate President	ursement For: Primary General Other (specify) ▼	VOID CHECK				
State: District:						
Full Name (Last, First, Middle Initial) B. Wells Fargo Card Services		Transaction ID: 70117.E4097 Date of Disbursement 12 2 3 7 2 0 0 6				
Mailing Address P.O. Box 54349	Mailing Address P.O. Box 54349					
City Los Angeles	State Zip Code CA 90054-0349	Amount of Each Disbursement this Period				
Purpose of Disbursement	1461.37					
CREDIT CARD PAYMENT:SEE BELOW Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disbrack Senate President	ursement For: Primary General Other (specify) ▼	CREDIT CARD PAYMENT:SEE BELOW				
State: District:						
Full Name (Last, First, Middle Initial) C. Balboa Bay Club		Transaction ID: 70119.E4123 Date of Disbursement				
Mailing Address 1221 W. Coast Highw	ay, #145	12 M / D B / Y 2006 Y				
City Newport Beach	State Zip Code CA 92663-0000	Amount of Each Disbursement this Period				
Purpose of Disbursement FUNDRAISER EXPENSE	1063.66 Refund or Disposal of Excess					
Candidate Name	Т	egory/ ype Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]				
Office Sought: House Disbuter Senate President	ursement For: Primary General Other (specify) ▼	MEMO: FUNDRAISER EXPENSE				
State: District:						
SUBTOTAL of Disbursements This Page (option	al)	▶ 1380.87				

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 14/18 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) Transaction ID: 70119.E4127 Misc. Expenses Under Threshold Date of Disbursement 23 2006 Mailing Address Vendors Total are Under \$200 City State Zip Code Amount of Each Disbursement this Period Irvine CA 92616-195.67 Purpose of Disbursement MISC. CAMPAIGN EXPENSES Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES Office Sought: House Disbursement For: General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) **Transaction ID: 70119.E4125** Verizon Wireless Date of Disbursement 23 2006 Mailing Address P.O. Box 5321 City State Zip Code Amount of Each Disbursement this Period Inglewood 90313-0000 CA 202.04

Category/

Type

General

Refund or Disposal of Excess Contributions Required Under

11 C.F.R. 400.53

MEMO: CELLULAR PHONE

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	19442.00

Purpose of Disbursement CELLULAR PHONE

House

Senate

District:

President

Disbursement For:

Primary

Other (specify)

Candidate Name

Office Sought:

State:

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 15/18 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) **Transaction ID: 70117.E4105 AICPA** Date of Disbursement 3 1 2006 Mailing Address 1455 Pennsylvania Avenue, NW City State Zip Code Amount of Each Disbursement this Period Washington DC 20004-3500.00 Purpose of Disbursement Refund of Contribution Refund 010 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2008 House General Senate Primary President X Other (specify) District: Gen 06 State: Full Name (Last, First, Middle Initial) Transaction ID: 70117.E4104 General Motors Corporation PAC Date of Disbursement 3 1 2006 Mailing Address 1660 L Street, NW, Suite 400 City Zip Code State Amount of Each Disbursement this Period Washington 20036-0000 DC 1000.00 Purpose of Disbursement Refund of Contribution Refund 010 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2008 House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	4500.00
TOTAL This Period (last page this line number only)	•	4500.00

X Other (specify)

Gen 06

President

District:

State:

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

PAGE 16 / 18 FOR LINE NUMBER:

		l
	13a	
1	13h	l

LUANS	Detailed Summary Page	(check only one) X 13a				
NAME OF COMMITTEE (In Full)		1 100				
Campbell for Congress	_					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Tran	saction ID: LS50630.C3737 Election:				
Mr. John B.T. Campbell, III		Primary General				
Mailing Address Personal Funds 57 Blue Heron		X Other (specify) ▼ Special General 2005				
City Irvine State CA ZIP Code	92603-	<u> </u>				
Original Amount of Loan Cumulative Payment To D	Date Balan	ce Outstanding at Close of This Period				
200000.00	150000.00	50000.00				
TERMS Date Incurred Date Due	Interest F	Rate Secured:				
0 6 D D 2 0 0 5 Y Y Y Y 2 20070630		.0000 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial) Campbell For Senate	Name of Employer					
Mailing Address 4199 Campus Drive, #550	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:	0.00				
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	> [50000.00				
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a				
NAME OF COMMITTEE (In Full) Campbell for Congress		100				
Transaction ID: LS50823.C3898						
LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III		Election: Primary General				
Mailing Address Personal Funds 57 Blue Heron		X Other (specify) ▼ Special General 2005				
City Irvine State CA ZIP Code 92603-						
Original Amount of Loan Cumulative Payment To I	Date Balanc	e Outstanding at Close of This Period				
25000.00	0.00	25000.00				
TERMS Date Incurred Date Due	Interest R	ate Secured:				
0 8 D D D 2 0 0 5 Y Y Y Y Y 2 0 0 5 Y 2 0 0 6 1 2 3 1		.0000 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional) 25000.00						
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 / 18

FOR LINE NUMBER: (check only one)

LOANS	I TO CACIT CALCUOTY OF LITE	eck only one) X 13a 13b			
NAME OF COMMITTEE (In Full) Campbell for Congress	Transaction ID): LS50916.C4201			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	: L330916.04201			
Mr. John B.T. Campbell, III	Prim				
Mailing Address Personal Funds 57 Blue Heron	X Othe	er (specify) ▼ General 2005			
City Irvine State CA ZIP C					
Original Amount of Loan Cumulative Payment	To Date Balance Outstar	nding at Close of This Period			
25000.00	0.00	25000.00			
TERMS Date Incurred Date Due	Interest Rate	Secured:			
0 9 D D D 2 0 0 5 2 2 0 0 5 2 2 0 0 6 1231	.0000 %	(apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount	1 1 1 1			
City State ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding halance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary					